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FILED JUN 1 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4661

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4647 North Market
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 27 Years (Specify whether years, months or days)
In this community 27 Years

3. (a) PRINT FULL NAME Frank Margiotta

3. (b) If veteran, name war. World War LL 3. (c) Social Security No. 489-09-4431

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 4 1916
(Month) (Day) (Year)

8. AGE: Years 27 Months 8 Days 14 If less than one day hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business _____

12. Name Bartolomeo Margiotta
13. Birthplace Mazzara Del vallo Italy
(City, town, or county) (State or foreign country)
14. Maiden name Rosina Rallo
15. Birthplace Mazzara del vallo Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Bartolomeo Margiotta
(b) Address 4647 N. Market

17. (a) Burial (b) Date thereof May 22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director. P. Micheli - Sons
(b) Address 1150 N. Kingshighway

19. (a) MAY 20 1944 (b) J. F. Knecht
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4647 North Market
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1944 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from May 11 to May 15 1944
that I last saw him alive on May 15 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute pneumonia
Myocarditis
Endocarditis
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 107

Major findings:
Of operations _____

Of autopsy _____

Duration

1 wk

PHYSICIAN:

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (a) Means of injury _____

Signature Albert A. Denk (M. D. or other) _____
Address 5014 Maple Date signed 5/19/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Arnold W. Schoene

Licensed Embalmer No.....

3864

P. O. Address.....

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.